

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Water Injection
2. NAME OF OPERATOR Continental Oil Company
3. ADDRESS OF OPERATOR Box 460 Hobbs New Mexico
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL and FEL of Sec 19

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3923' df

5. LEASE DESIGNATION AND SERIAL NO.
LC 0294056

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit Sty 1

9. WELL NO.
100

10. FIELD AND POOL, OR WILDCAT
Mali G-SA Repress

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec 19, T-17S, R-32E

12. COUNTY OR PARISH
Lea

13. STATE
N. Mex

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

(Other) installing liner

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Run 4 1/2"; 9.5# csg to 3570' Cement w/ 175 socks
Class C cement. Wait on cement 24 hours.
Drill out plug and clean out to TD.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Admin. Supervisor

DATE 5-11-72

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 12 1972
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USE & C) MCA(3) File

RECEIVED

MAY 16 1972

OIL CONSERVATION COMM.
HOBBS, N. M.